STATEMENT OF

RECEIVED

FORM 1	ORGANIZATION 2012 NOY -5					Office, Use Only	
NAME OF COMMITTEE (in	n full)	(Check if name is changed)		nple:If typing, type the lines.	12FE4M5	CENTER	
ARKANSA	SSE	NATORIAL C	AUCU	S			
							
ADDRESS (number a	and street)	P. O. BOX 8	394	 			لىبىل
(Check if address is changed)		DELRAY BE	ACH		ı FL	33482	
			CITY		STATE	ZIP CO	DE
COMMITTEE'S E-MA (Check if is change	address	SS (Please provide only one UnitedState	_		cuses@ya	họọ.com	<u>, , , , , , , , , , , , , , , , , , , </u>
COMMITTEE'S WEE	B PAGE ADD	DRESS (URL)					
(Check if is change	address						
2. DATE 10) ′ 29	[°] ′ 2012 ′					
3. FEC IDENTIFIC	CATION NU	JMBER C					
4. IS THIS STATE	MENT X	NEW (N) OR		AMENDED (A)	1		
I certify that I have	examined th	is Statement and to the b	est of my k	nowledge and belie	of it is true, correct	and complete.	
Type or Print Name	of Treasurer	RICHARD	KEVIN	ISTON			···
Signature of Treasur	er	Ruff			Date ÏO [™]	′ 29 ° ′	Ž0'1Ž `
NOTE: Submission of		ous, or incomplete informati		_		the penalties of 2	? U.S.C. §437g.
Office Use				For further information Federal Election Communication Toll Free 800-424-9530	nission	FEC FO	